

LUCY WRIGHT
HALIFAX EXPERIENCES

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Halifax Experiences, December 21, 1917—January 2, 1918

Lucy Wright

IN THE section opposite us on the train to Halifax, about two weeks after the explosion of December 6, were two men. One said, "I'm a cook and I'm on my way to Halifax to cook for one of the emergency hospitals. The Red Cross is paying my expenses and I tell you I'm glad of a chance to help those Canadian folks out." "So am I," replied the other, "I'm a doctor and the Red Cross is sending me too." We across the aisle, sent by the same organization to make a report on the "blind situation," felt much the same way. We too were glad of our chance to have a share in this work.

All we knew in advance was that workers in Halifax were increasingly aware of the seriousness of eye injuries resulting from the explosion and had asked for special aid in this field; that Mr. Allen of the Perkins Institution and American Association of Instructors for the Blind had asked the Red Cross to consider the suddenly increased needs of the Halifax School for the Blind; and that there were reports all the way from 200 blind to 700 totally blind and 1,800 partially blind as a result of the explosion. For the rest we were asked to make a report with recommendations as soon as possible and in the meantime to use our own judgment.

We first saw the city, it is to be remembered, fifteen days after the disaster, in the morning. There were few sounds out of the silence

as we left the sleeper in the train-yard, but those few were appreciated by the friendly conductor who carried our bags to the battered-looking railroad station. "I tell you," he said, "it sounds good to hear hammers again. It's been something awful these mornings coming in—the silence." That hushed atmosphere hung over the city throughout our stay. I remember being almost startled on the train from Truro to Halifax a few days later to hear a boy whistling, though what he whistled, ever so softly, was "How can ye sing ye little birds, when I'm so weary full o' care." Even when the "movies" reopened at the end of the third week (and they reopened beautifully, I thought, with "Rebecca of Sunnybrook Farm") you would have noticed the strange unforgettable silence of the crowds who poured out of the theatre.

There was an unforgettable smell of things, too, that hung in the atmosphere that morning of arrival, thick with fog and melting snow,—an acrid smell, like soft coal smoke, wood-smoke and gun-powder combined—and everywhere you stepped a strange feeling to your feet from the amalgam of fragments of broken glass and half frozen snow.

We rode up in a slow old cab. There were squads of soldiers in the slushy streets ahead, following along with trucks or sledges,—on some relief work, we guessed. We saw an occasional flash of scarlet in some detail of military uniform, but mostly it was a gray, smoke-stained world of half-shattered houses and dirty snow. We were on the border-line between the totally devastated district and the comparatively uninjured section of the city.

Presently we saw what the hammering had meant. They were boarding up the broken windows of any habitable houses. Here and there, through a square of glass inset among the boards, we saw a light and fragment of display in some small shop, or, at upper peep-holes of this kind, now and then, the pale, eager face of a child. We met few people,—occasionally a man, carrying in his arms—more tenderly than you can imagine—a sheet of precious new window glass. One or two wore a bandage, the close bandage over one eye, that we came so soon to know meant there was no eye beneath. And there was a young woman with head bowed and both eyes bandaged. Another woman walked at her elbow with the solicitous care of one unaccustomed to guiding the footsteps of the newly blind.

From that day to the day we left it seemed possible to believe any estimates of eye injuries. In even a short walk it was quite usual to meet a half dozen people of different ages with the single eye bandage. Eye injuries, we were told, were first in the list of injuries, one thousand or more, and there was great anxiety about the partly known re-

sults. Everyone, we found, needed and wished to know the facts that no one had yet had time to corral and that was our job, to find them if we could.

With the counsel and help of Miss Kate McMahon, then Director of the American Red Cross at Halifax, Sir Frederick Fraser of the Halifax School for the Blind, and others we made a simple plan of campaign and were at work. Everyone helped and in ten days it was agreed that while the whole story could not be known then, might never be known, we had about all the general information the situation afforded, and enough upon which to make recommendations for "next steps."

That the whole story is not likely to be known at any time will be understood when I explain some of the things that had happened during the two weeks after disaster before the inquiry was made. During that time, one thousand or more eye injuries had been cared for by more than twenty-five eye specialists and many other physicians from both American and Canadian cities, in at least twelve emergency hospitals and twelve emergency dressing-stations in Halifax, three emergency hospitals in Truro, and one in New Glasgow, as well as at offices of private physicians, and some, perhaps, in places where patients were living for the moment. For the first few days after the disaster no records could be kept. Patients with slighter injuries scattered far and wide to find shelter. Some died. For these and other reasons, it will be difficult to gather up at any time the whole truth about results of eye injuries at Halifax.

Most significant, however, is the reason why any diagnosis of the situation could give only tentative numbers of totally blind at that time. It is because of the large number of cases under care where the outcome is still uncertain, and the numbers of those who scattered where it is a question whether they are within reach of the expert care that may save sight, if later trouble arises. The list of "doubtful" was by far the longest list in the register of eye injuries made up from the records and reports contributed from every side, many more than those "blind in both eyes" or having "one eye blind; one eye normal." Add to this the uncertainties that come from an unprecedented cause of eye injuries—a "blizzard of glass"—and you can understand how it comes about both that the figures are not final and that what they eventually become will depend upon the "follow-up" for preventive work that is done from now on. For the time being, Halifax still had emergency hospitals (i. e. hospitals improvised since disaster) and medical-social workers and nurses were still coming and going in the city. It was the "long run" that caused anxiety,—the question of

permanent provision for "follow-up" of the more than 300 "doubtful" and "one-eye" cases and for after-care of those blinded who numbered 41 on January 1; 60 a week later; and 81 on last unofficial report. By a single stroke this more than doubles the blind population of Halifax, and adds many more to the list in Canada than the total of blinded soldiers added by three years and more of war.

Early statements of larger numbers were due, not only to the general nature of impressions and reports, but also to the more literal facts that patients were transferred from one hospital to another as hospitals were closed, and cared for and reported by more than one physician. Another reason for the early reports rests upon what perhaps is a technicality, but one nevertheless which so much influenced statements about numbers of partially blind that it is worth mentioning here. Loss of one eye, when the other is good, does not mean partial blindness. People may go through life with vision in only one eye and never find it out. It is true that the ranks of the blind are often recruited from those who have lost one eye earlier and lose the remaining eye later, but these numbers are not comparable with those of persons who live their lives out successfully with vision in only one eye. In the reports on eye injuries at Halifax there is no doubt that the impression that loss of one eye means partial blindness is one thing that led to over-estimates. The chief reasons for looking after one-eye cases are to make sure that what endangered the one eye does not also endanger the other, and to warn, if necessary, those with one eye only against dangerous trades.

Blindness most often lasts as long as life and the conditions and needs in Halifax obviously called for wise permanent plans and for funds. It seemed clear that in the "long run" the "next steps" would best be taken as a part of the permanent plan, so, as soon as provision had been arranged for an immediate special staff attached to the Halifax School for the Blind, we came home. For every experienced worker the question when to leave Halifax is a difficult one to decide and we could only turn away in the hope that we had helped clear the way for someone's else "next step" and that the word we had to bring back might be of some service here.

It is reassuring to know that now, as I write, the Red Cross Canadian-American Commission of six men to make permanent plans for this work is a fact. The members are: Mr. Justice Harris, G. B. Ternan, and Sir Frederick Fraser of Halifax, and Mr. E. E. Allen of Massachusetts (Perkins Institution), Mr. E. M. Van Cleve of New York (New York Institute and National Association for Conservation of Vision) and Mr. O. H. Burritt of Pennsylvania (Overbrook School

for the Blind). Mr. Allen, who is Chairman of the Commission, is still in Halifax. Mr. Van Cleve has been and returned. It is also good to know that Miss Lotta S. Rand is on leave from the staff of the Massachusetts Commission for the Blind to serve through the American Red Cross in carrying forward the work under the direction of Sir Frederick Fraser at the Halifax School for the Blind. The work promises to be more largely among women because it happens that on last report about 75 per cent of serious eye injuries and cases of blindness turned out to be among women between the ages of twenty and forty-five.

In Halifax for the first time since I have known work for the blind, even the tragedy of sudden blindness took, for the moment, second place before the tragedy of shattered families. To give a single instance from the report:

“A woman of 31, totally blind as a result of the explosion, is a patient in one hospital while her little daughter, 9 years of age, totally blind, is patient in another. Two other children of this mother were killed in the explosion and two were badly cut but will recover. The husband and father was killed at his work. This mother wanted to be told what blind women may do for the sake of her little blind daughter. She felt there were real chances in life for her but few for herself.”

There are a few impressions gained in these Halifax days that I should like to pass along as well as the word about the special task. They are impressions both of Canadian volunteer service in the first hours of emergency and of the refugees. Behind each individual we met, it seemed, lay some story of endurance, either of indescribable sufferings or of hard and unaccustomed tasks,—of a kind of which record may never be made. Let me tell of three women, all of whom I met by chance and of whom I also heard from others. Those of us who came merely to do our accustomed work under strange circumstances, had no experiences comparable with theirs.

In dictating notes, the last night, there was just time for me to ask the young woman who was typing for me “Were you in it?” and for her to answer “No, but I went at once to help take out the bodies of the children who were killed at St. Joseph’s School. It didn’t seem as sad to me as this”—pointing to the reports of totally blinded survivors.

Then there was the first Canadian woman with whom I talked at length—whom we saw and heard of many times after, putting through hard and often thankless tasks with speed and success. She had

come down from a nearby town on that relief train that by telegraphing ahead from station to station to the Canadian Red Cross branches to be ready, brought through doctors, nurses, and supplies in seven hours. She had been on duty ever since. Among her jobs was the billeting of nurses. She seems, when, say, coal was needed, to have commandeered her share of soldiers' labor from the military service, of trucks for transportation, and, from sources of her own discovery, of carriers for her coal supply. She put through in one day, the chief to whom she was responsible says, what would have taken anyone else three days, and she rode on the truck herself if occasion required. Who was she? A woman whose husband is in the forestry service overseas, who has made a career for herself running a newspaper in a nearby town.

In a nearby city we met a woman, wholly unaccustomed to nursing, who the night of the disaster found it her duty to hold little children during critical operations. When we saw her Christmas Eve, she had been on night duty with the nurses in an emergency hospital ever since. She was a strong, reassuring woman who had volunteered to leave her own comfortable home and little children for this much needed service. She could, I think, have led a regiment.

Then there was a fine example of community service, illustrated by the town of New Glasgow, 100 miles from Halifax, where eighty-seven wounded were carried to a hospital improvised in thirty-six hours, in a new school building. The chemistry laboratory was the kitchen, where the day's supplies were furnished by the churches upon requisition of the dietitian (the domestic science teacher of the public schools). In the sunny, airy wards the patients were under medical and nursing care that, from its results, must have been of the highest order. The personal interest in and care of each patient while he stayed and when he left had in it all the elements of spontaneous medical-social service. This would make a whole story by itself and I hope someone will write it out.

From the start we felt that we knew refugees on sight and without exception, I think, it turned out true in our travels. Whether it was pallor, the droop of the figure, a dazed expression, or an appealing or agonized look in the eyes—or all—whatever makes up the total of "stunned"—was the thing that told the story. In street cars, on trains, and walks, wherever we went, the impression was confirmed countless times by their own words, or the words of those next them who seemed to be beseeching human sympathy for those they knew about.

Once someone volunteered, "That old man there lost eight.

There's only one grand-daughter left and himself." "That man has just been to see his wife in the hospital. She's all he has left. He dug his own two children out but they were dead." Of this story we heard more in a long wait for a late train, from an experienced older woman who had been born "a daughter of the Black Watch," had married into the Royal Artillery, was a cousin of Nurse Cavell and had a son, a Lieutenant "down there in your Camp Devens." She too noted how the refugees took it, like Indians she said, without show of feeling! "But it isn't natural," she added, "and there'll be trouble later when they come to themselves." Then she returned to the story of the man who dug out his wife and children, and his neighbor's wife too, from the ruins. "'Perhaps it is wrong,' he said, but he had no feelings then or now. He only remembered that he hoped his neighbor would not come along while he was digging out the neighbor's wife. He could not have borne that."

These were the sorts of things you had constantly to remember might lie just behind in the lives of the people you were meeting from day to day. Not one moment, I think, of your stay in Halifax could you lose the sense of being in the presence of immeasurable, unexpressed, human tragedy.

Ten days of such concentrated work as we had never dreamed of slipped quickly by. The absorption of everyone in Halifax in the task in hand was incomparable. Now at this distance details unnoted at the time, flash back. Some of these I have given you.

There remains the general impression of the devastated area—under constant guard. We showed our passes and drove through in the sleigh that had been so kindly provided for us by Sir Frederick Fraser. It was a cold, brilliant day and the almost levelled stretches, where homes had been, were covered with soft snow, down to the harbor edge, up the hill-side, and as far ahead as we could see. Here and there a fraction of a house wall or of a factory wall with staring window-spaces was still standing. The things you remember are a baby-carriage hanging by a wheel from the ruins; a rocking-chair standing untouched; a framed picture unshaken from its place on a remnant of wall; a Franklin grate alone in its place—the few remaining things that suggest *home*. But above all, the unforgettable thing to me is the smoke, curling up out of the snow three weeks after the disaster. I couldn't think, and asked the driver. "Their winter's coal," he answered.

The general impression of the people there, both the refugees and their townsmen who had left everything else for this relief service, was best expressed for me, the day we got there, by an American

from New York. He had started for Halifax the day of disaster, beginning his journey in a baggage car and building his plans and resources on the way. He had been on duty ever since and he knew. "Yes," he said, "they are what you think. You're proud just to be on the same continent with some of these people."

Publications

KELLOGG, VERNON, and ALONZO E. TAYLOR. *The Food Problem*, preface by Herbert Hoover. New York: Macmillan, 1917. \$1.25.

If you want to understand why and how "Food will win the war" or "Food may lose the war," read "The Food Problem," by Vernon Kellogg and Alonzo E. Taylor, prefaced by Mr. Hoover himself.

Part 1 sets forth the problem, explaining with convincing clearness the reasons for shortage in supply and the absolute necessity of providing the Allies and the fighting men with certain essentials, especially wheat, meat, fats and sugar.

Best of all it will make you want to help solve the problem, so that you will read eagerly their suggestions of the solution by elimination of waste, by reduction of consumption, and by the substitution of other dishes for your favorite meats and sweets.

Part 2 gives in simple language, "to be understood of the people," the technology of food use, the function of various food elements, and the value of variety and balance in the food ration, so that those who have been inspired with the desire to help solve the problem can do it intelligently.

HENRY VINCENT HUBBARD, Assistant Professor of Landscape Architecture, Harvard University; THEODORA KIMBALL (1908), Librarian, School of Landscape Architecture, Harvard University. *An Introduction to the Study of Landscape Design*. New York: The Macmillan Company.

G. Arnold Shaw, the New York publisher, announces for publication on January 26, "Women and War Work," a text-book for women war workers, by Miss Helen Fraser, who is now lecturing in America with the approval of the British government on Women's Part in Winning the War. Her book is designed to give permanent value to her work on the lecture platform. Miss Fraser spoke at Simmons on January 24.

President MacCracken of Vassar College has written a foreword to

